

**MORTGAGE BROKER
LENDER AND / OR SERVICER**

**LICENSE APPLICATION
PROCEDURES
(For FIS 1018)**

The Commissioner of the Office of Financial and Insurance Services has determined that this application is available for public inspection or copying pursuant to the provisions of the Freedom of Information Act, PA 442 of 1976, MCL 15.231 et seq; MSA 4.1801(1) et seq, and section 2109 of the Michigan Banking Code of 1999, as amended, MCL 487.12109; MSA 23.710(12109). Accordingly, except as otherwise indicated in this application, the contents of the application shall be disclosed to any person who properly requests an opportunity for inspection, examination, or copying.

I. GENERAL INSTRUCTIONS

- A. The application for a license must be made in writing (ink or typed) to the Commissioner on the attached forms. If after investigation the Commissioner determines that the experience, character, business reputation, and general fitness of the applicant and its officers, directors, shareholders, partners, and affiliates command the confidence of the public and warrant the belief that the applicant and its officers, directors, shareholders, partners, and affiliates will comply with the law, and that grounds for revoking, suspending, or denying a license pursuant to the act do not exist, the Commissioner will issue the license.**
- B. The Office will not accept an incomplete application. Complete responses to all questions will expedite the processing of the application. Do not leave any question blank - Enter "N/A" or "None" if not applicable. An application will not be accepted if it contains whiteout or strikeouts.**
- C. The application must be filed with original signatures where applicable.**
- D. If the applicant is a Corporation, resident agent and address must agree with that on file with the Corporation and Land Development Bureau.**
- E. A financial statement is required, and must be completed in the APPLICANT'S name.**
- F. The applicant may provide additional information in support of this application as deemed appropriate.**
- G. Complete only the license O R registration application, not both.**

II. ACCOMPANYING DOCUMENTS

- A. A Personal Disclosure Statement must be completed and submitted as part of the application. Each individual applicant, partner, officer, director, shareholder and affiliate identified on page 2 of the application must submit individual Personal Disclosure Statements. The Confidential Background Information Consent Form must also be completed for each individual who submitted Personal Disclosure Statements and *must be returned under separate cover* to the address shown on the consent form.**
- B. If the applicant is an individual doing business under an assumed name, the application must be accompanied by a certificate executed by the county clerk verifying compliance with the provisions of Act No. 101, Public Acts of 1907, as amended (MCL 445.1; MSA 19.821).**
- C. If the applicant is a partnership, the application must be accompanied by a certificate executed by the County Clerk indicating compliance with the provisions of Act No. 164, Public Acts of 1913, as amended (MCL 449.101; MSA 20.111).**
- D. If the applicant is a corporation which operates under an assumed name status, the application must be accompanied by a certificate executed by the Corporation and Land Development Bureau indicating compliance with the provisions of section 217 of Act No. 284, Public Acts of 1972, as amended (MCL 450.1217; MSA 21.200 (217)).**

- E. If the applicant is a corporation, please complete the Affidavit of Official Signing of Application. (See page 8a of the application.)**
- F. If the applicant is a corporation, the application must be accompanied by a certified copy of a Board of Directors Resolution which authorizes submission of the application to the Commissioner of the Office of Financial and Insurance Services on behalf of the corporation. A sample resolution format is enclosed. (See page 9a of the application.)**
- G. If the applicant has any additional licenses (real estate, residential builder, etc.), please enclose copies of these with the application.**

III. NET WORTH REQUIREMENTS

- A. Each applicant who will act solely as a mortgage broker and who receives funds from a prospective borrower prior to the closing of a mortgage loan or an applicant who will act solely as a mortgage lender shall have a minimum net worth of \$25,000.00. Each applicant who will act as a mortgage servicer shall have a minimum net worth of \$100,000.00. Net worth shall be determined at the conclusion of the fiscal year of the applicant immediately preceding the date an application for a license is submitted to the Commissioner.**

When completing the financial statement found on page 6 of this application, net worth shall be computed in accordance with generally accepted accounting principles, but the following assets shall be excluded from the computation of net worth:

- 1. That portion of an applicant's assets pledged to secure obligations of any person or entity other than that of the applicant.**
 - 2. Any asset except construction loans receivable, secured by first mortgages from related companies, due from officers or stockholders of the applicant or persons in which the applicant's officers or stockholders have an interest.**
 - 3. An amount in excess of the lower of the cost or market value of mortgage loans in foreclosure, or real property acquired through foreclosure.**
 - 4. An investment shown on the balance sheet in joint ventures, subsidiaries, or affiliates, which is greater than the market value of the assets.**
 - 5. Good will or value placed on insurance renewals or property management contract renewals or other similar intangible value.**
 - 6. Organization costs.**
- B. If the applicant has issued stock, and if there are 20 or fewer stockholders, please attach copies of the issued stock certificates to the application.**

IV. DEPOSIT REQUIREMENTS

- A. An applicant who acts solely as a mortgage broker and who receives funds from a prospective borrower prior to the closing of the mortgage loan or an applicant who acts solely as a mortgage lender shall maintain a deposit or bond in the amount of \$25,000.00 with the Office. An applicant who acts as a mortgage servicer shall maintain a deposit or bond in the amount of \$125,000.00 with the Office. Such deposit or bond may be maintained by one of the following means:**

1. A corporate surety bond payable to the Commissioner, executed by a surety approved by the Commissioner. The bond must be written with an expiration date of June 30 of a subsequent year. The bond must be in the format prescribed on page 7(a) of the license application.
2. An irrevocable letter of credit upon which the applicant is the obligor. The Letter of Credit must be in the format prescribed on page 7(b) of the license application.

The credit must be issued or confirmed by a Michigan bank, savings bank, savings and loan association, or credit union, the deposits of which are insured by an agency of the federal government. The letter of credit must be written with an expiration date of December 31 of a subsequent year. All letters of credit submitted to the Office are subject to final review and approval by the Commissioner.

3. Certificates of Deposit or other securities acceptable to the Commissioner may be deposited with the State Treasurer. Additional information is available upon request.
 4. An Applicant who intends to act as a mortgage broker ONLY, and will not receive funds from a prospective borrower prior to the closing of any mortgage loan, must file a "Statement of Exemption of Proof of Financial Responsibility Deposit" form. Additional information is available upon request.
- B. An Applicant who intends to act as a mortgage servicer, service not more than 300 mortgage loans, and NOT collect or maintain escrow or money in an account for the purpose of paying taxes or insurance pursuant to the mortgage loan, may file an "Application for Reduction, Waiver, or Modification of Proof of Financial Responsibility Deposit" form. Additional information is available upon request.

V. FEES

A. Investigation fee

This fee is nonrefundable and is required from all applicants making an initial application for a license. It is also required at the time of making a first application for a license after the suspension or revocation of a license.

B. Operating fee

This fee is refundable if the application is denied and is required from all applicants making an initial application for a license and is required annually thereafter for a license renewal.

C. Mail your check, payable to the State of Michigan, and the complete application to:

Division of Financial Institutions
ATTN: Licensing and Enforcement
P. O. Box 30224
Lansing, MI 48909

Questions Pertaining to the completion of this application may be directed to the Office's Licensing and Enforcement at (517) 373-3460.

Application for Mortgage Broker, Lender, and/or Servicer License

Authorized by: Act No. 173 of the
Public Acts of 1987, as amended.
Required for license as a mortgage
broker, lender, or servicer.

(Check appropriate box or boxes)

☐ Mortgage Broker

☐ Mortgage Lender

☐ Mortgage Servicer

Please read and refer to the accompanying instructions before completing this application.

Name (Corporation, Partnership, Sole Proprietorship, or Individual). Include DBA name(s), if applicable.		
Street Address		
City	State	Zip Code
County	Telephone No. ()	Facsimile No. ()
Federal Taxpayer I.D. Number	State Where Organized	
Date of Organization	Date admitted into Michigan, if Foreign Corporation or Association	
Name of Michigan Resident Agent	Address of Michigan Resident Agent	
Name of state(s) other than Michigan where the Applicant or its affiliates currently broker, originate, or service First Mortgage loans.		

STATUS OF APPLICANT: (Check appropriate box)

☐ An individual doing business
under own name

☐ A limited partnership

☐ A limited liability company

☐ An individual doing business
under an assumed/trade name

☐ A general partnership

☐ An association

☐ A Corporation
Michigan Corporate I.D. # _____

☐ Other
(Describe) _____

If Applicant is other than an individual, list the names of all partners, officers, directors, shareholders and affiliates of the firm, co-partnership or association. "Officers" means chief executive and/or operating officer, president, executive or senior vice president, secretary and treasurer. "Shareholders" means all shareholders if the total number of shareholders equal 20 or less, or if there are more than 20 shareholders, only those shareholders holding (or controlling) at least 20% of the outstanding voting stock. (If more space is required, please attach additional sheets as necessary.)

Officer's Name	Business Address (Street, City, State, Zip Code)
CEO	
President	
Vice President	
Secretary	
Treasurer	

Director's Name	Business Address (Street, City, State, Zip Code)

Shareholder's Name	Stock Ownership (number of shares) *	Stock Ownership (percentage)

* Copies of issued stock certificates are to be submitted with this application.

Are all Officers, Directors, etc. and their titles, listed above or on a sheet attached to this application? _____

DESIGNATED CORRESPONDENT (Responsible for responding to questions relating to this application)

Name		Title	
Street Address		City	
State	Zip Code	Telephone Number ()	

LOCATION OF THE PRINCIPAL U.S. OFFICE OF THE APPLICANT

Name		Telephone Number ()	
Street Address		City	
County	State	Zip Code	

LOCATION OF THE PRINCIPAL MICHIGAN OFFICE OF THE APPLICANT

Name		Telephone Number ()	
Street Address		City	
County	State	Zip Code	

INDIVIDUAL RESPONSIBLE FOR THE MICHIGAN OPERATIONS OF THE APPLICANT

Name		Title	
Street Address		City	
State	Zip Code	Telephone Number ()	

LOCATION WHERE OFFICIAL BOOKS, RECORDS, AND RELATED MORTGAGE DOCUMENTS OF THE APPLICANT ARE KEPT (If location is different than applicant address, please attach an explanation.)

Name		Telephone Number ()	
Street Address		City	
County	State	Zip Code	

Please identify any additional Michigan office locations at which the business of the Applicant is conducted. Attach additional pages as necessary.

Name		Telephone Number ()	
Street Address		City	
County	State		Zip Code

Provide a general description of the proposed business activities of the applicant. At a minimum, include: what services the Applicant will provide to consumers; how the Applicant plans to generate business; when the Applicant will receive compensation and from whom; and whether the Applicant will receive funds in its own name from a prospective borrower prior to the closing of the mortgage loan.

Please state the names and address of all entities to whom the Applicant will broker and/or assign mortgage loans.

Name	Address (Street, City, State, Zip Code)

Certification

I hereby certify that the foregoing APPLICATION is true and correct to the best of my knowledge and belief.
I understand that omissions or inaccuracies may result in denial of the APPLICATION.

Authorized Signature	Title
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STATE OF _____)

SS

COUNTY OF (_____)

On this _____ day of _____, _____, before me, a Notary Public in and for said
County personally appeared _____ *

known to me to be said person named in and who executed the foregoing application and made oath that the
statements and representations set forth herein are true to the best of his/her knowledge and belief.

(NOTARY SEAL)

Notary Public

My Commission Expires

* Type or print name of person appearing before notary.

ALL APPLICANTS MUST COMPLETE A FINANCIAL STATEMENT**FINANCIAL STATEMENT AS OF _____, _____****Applicant Name:** _____**Fiscal year-end of Applicant:** _____**ASSETS****Cash on Hand and in Banks** \$ _____**Notes Receivable **** _____**Accounts Receivable **** _____**Mortgage Loans and Contracts Receivable** _____**Stocks, Bonds and Other Investments **** _____**Furniture, Fixtures and Equipment** _____**Real Estate and Buildings **** _____**Other Assets **** _____**TOTAL ASSETS** \$ _____**LIABILITIES AND NET WORTH****Notes Payable** \$ _____**Accounts Payable** _____**Contracts and Mortgages Payable**
** _____**Other Liabilities **** _____**TOTAL LIABILITIES** \$ _____**Capital Stock** _____**Capital Surplus** _____**Retained Earnings** _____**TOTAL NET WORTH****TOTAL LIABILITIES AND NET WORTH** \$ _____**** Detail these items on a separate, attached page(s).****Are any of the receivables or other assets shown above due from officers, directors, or related companies?** _____**If yes, please detail on a separate page.**

BOND

MORTGAGE BROKER, LENDER, OR SERVICER

KNOW ALL PERSONS BY THESE PRESENTS, That _____
of _____, State of _____
as PRINCIPAL and _____
of _____ as SURETY are held and firmly bound unto the People of the State of Michigan,
for the use of said State and of any person or persons who may have a cause of action against the above principal under the provisions
of Act No. 173, Public Acts of 1987, as amended, in the sum of \$ _____, lawful money of the
United States, to be paid to the said People of the State of Michigan, or its assigns, for payment to be well and truly made, we bind
ourselves, our heirs, executors, administrators, successors, and legal representatives, jointly and severally, firmly by these presents.

Sealed with our seals, and dated this _____ day of _____, _____.

Whereas, the above bounden principal has received, or is about to receive, a license from the Commissioner, Office of Financial and Insurance Services of said State of Michigan authorizing the PRINCIPAL to engage in the business of a mortgage broker, lender or servicer under the provisions of Act No. 173, Public Acts of 1987, as amended.

The condition of this obligation is such, that if the said principal will conform to and comply with each and every provision of Act No. 173, as amended, and all rules and regulations lawfully promulgated thereunder by the Commissioner, Office of Financial and Insurance Services of the State of Michigan, and will pay to said State and to such person or persons, any and all monies that may become due or owing to said State and to such person or persons from the obligor, principal, and by virtue of the provisions of said Act No. 173, Public Acts of 1987, as amended, then this obligation shall be void, otherwise it is to remain in full force and effect.

This bond shall be effective _____, _____ and shall be in force for the term ending June 30, _____. This bond may be continued in force for an additional term or terms by suitable continuation certificates executed by the surety with the approval of the Commissioner, pursuant to such regulations as may hereafter be provided.

_____(L.S.)

_____(L.S.)

Principal

IN PRESENCE OF:

_____(L.S.)

_____(L.S.)

Surety

SPECIMEN LETTER OF CREDIT

To be used under the Michigan Mortgage Brokers, Lenders, and Servicers Licensing Act, Act No. 173 of the Public Acts of 1987, as amended.

IRREVOCABLE STANDBY LETTER OF CREDIT NO. _____

Michigan Department of Consumer & Industry Services
 Commissioner of the Office of Financial and Insurance Services
 Division of Financial Institutions
 333 South Capitol Avenue, Suite A
 P. O. Box 30224
 Lansing, MI 48909

Commissioner:

We hereby establish our Irrevocable Standby Letter of Credit No. _____ in your favor for the account of _____ (account party) up to the aggregate amount of U. S. _____ .

The credit amount is available to you by your draft(s) on us at sight when accompanied by your signed and dated statement reading as follows:

“The undersigned (the “Commissioner”) hereby demands the sum of _____ (specify) _____ under _____ (name of issuing bank) _____ (the “Issuing Bank”) Irrevocable Letter of Credit No. _____ (specify) _____ (the “Credit”), issued for the account of _____ (name of Mortgage Broker/Lender/Servicer) _____ (the “Account Party”), as evidenced by the sight draft accompanying this statement, and certifies that one or more of the following has occurred:

1. The Account Party, at the sole determination of the Commissioner, has not conducted business in accordance with the Michigan Mortgage Brokers, Lenders, and Servicers Licensing Act, Act No. 173 of the Public Acts of 1987, as amended.
2. The Account Party, at the sole determination of the Commissioner, has not conducted business in accordance with a rule promulgated by the Commissioner, pursuant to the Michigan Mortgage Brokers, Lenders, and Servicers Licensing Act, Act No. 173 of the Public Acts of 1987, as amended.
3. The Account Party, at the sole determination of the Commissioner, has not paid money as such money has come due.

- continued -

**Specimen Letter of Credit
Page Two**

4. The Commissioner has been notified by the Issuing Bank that it has elected not to extend the expiration date of the Credit, and the Account Party has failed to provide a replacement letter of credit or other proof of financial responsibility specified under the Michigan Mortgage Brokers, Lenders, and Servicers Licensing Act, Act No. 173 of the Public Acts of 1987, as amended, fully acceptable to the Commissioner, at least sixty (60) days prior to the current expiry of the Credit.”

Drafts must be presented at our office at _____
no later than December 31, _____ .

All drafts must be marked: “Drawn under Irrevocable Standby Letter of Credit No. _____ ,
dated _____ .

It is a condition of the Letter of Credit that it be automatically extended for a period of one year from its present or future expiration date unless we notify you in writing by registered mail at least ninety (90) days prior to such date that we elect not to extend the expiration of this Letter of Credit for such additional period.

We hereby agree with you that drafts drawn under and in compliance with the terms of this credit shall be duly honored on due presentation.

This credit is subject to Uniform Customs and Practice for Documentary Credits (1993 Revision), International Chamber of Commerce Publication 500.

Sincerely,

Authorized Signature

STATEMENT OF EXEMPTION OF PROOF OF FINANCIAL RESPONSIBILITY DEPOSIT

This statement of Exemption is made pursuant to section 4 of the Mortgage Brokers, Lenders, and Servicers Licensing Act, Act No. 173 of the Public Acts of 1987, as amended, and in conjunction with an application for license as a mortgage broker, to waive the proof of financial responsibility deposit requirement.

Please complete the following information, sign and date the certification, and submit this form to the Division of Financial Institutions as part of your license application.

APPLICANT NAME AND ADDRESS: _____

Certification

I hereby certify that the above-named applicant acts solely as a mortgage broker as defined under the Mortgage Brokers, Lenders, and Servicers Licensing Act, and does not receive funds from a prospective borrower prior to the closing of any mortgage loan. The applicant understands that the collection of any such funds without first providing a proof of financial responsibility deposit acceptable to the Commissioner, may be grounds for immediate revocation, suspension, or non-renewal of its license.

Authorized Signature	Title
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STATE OF _____)
COUNTY OF (_____)

On this _____ day of _____, _____, before me, a Notary Public in and for said County personally appeared _____ * known to me to be said person named in and who executed the foregoing application for exemption and made oath that the statements and representations set forth herein are true to the best of his/her knowledge and belief.

(NOTARY SEAL)

Notary Public

My Commission Expires

*** Type or print name of person appearing before notary.**

Affidavit

Official Signing of Application (For corporate applicants only)

I, _____ of
Name and Title of Official

Applicant Name

a corporation organized in the State of _____ do hereby declare that I am duly
authorized to file the foregoing application and that the statements and representations set forth therein
are true to the best of my knowledge and belief.

Authorized Signature

Title

STATE OF _____)

SS

COUNTY OF (_____)

Subscribed and sworn to before me, a Notary Public in and for said County, on this _____ day of
_____, _____.

(NOTARY SEAL)

Notary Public

My Commission Expires

Affidavit

Official Signing of Application (For general partnership applicants only)

I, _____ of
Name and Title of Official

Applicant Name

a general partnership organized in the State of _____ do hereby declare that I
am duly authorized to file the foregoing application and that the statements and representations set
forth therein are true to the best of my knowledge and belief.

Authorized Signature

Title

STATE OF _____)

SS

COUNTY OF (_____)

Subscribed and sworn to before me, a Notary Public in and for said County, on this _____ day of
_____, _____.

(NOTARY SEAL)

Notary Public

My Commission Expires

Affidavit

Official Signing of Application (For limited partnership applicants only)

I, _____ of
Name and Title of Official

Applicant Name

a limited partnership organized in the State of _____ do hereby declare that I
am duly authorized to file the foregoing application and that the statements and representations set forth
therein are true to the best of my knowledge and belief.

Authorized Signature

Title

STATE OF _____)

SS

COUNTY OF (_____)

Subscribed and sworn to before me, a Notary Public in and for said County, on this _____ day of

_____, _____ .

(NOTARY SEAL)

Notary Public

My Commission Expires

Affidavit

Official Signing of Application (For limited liability company applicants only)

I, _____ of
Name and Title of Official

Applicant Name

a limited liability company organized in the State of _____ do hereby
declare that I am duly authorized to file the foregoing application and that the statements and representations
set forth therein are true to the best of my knowledge and belief.

Authorized Signature

Title

STATE OF _____)

SS

COUNTY OF (_____)

Subscribed and sworn to before me, a Notary Public in and for said County, on this _____ day of

_____, _____ .

(NOTARY SEAL)

Notary Public

My Commission Expires

Certificate of Resolution

CORPORATE BOARD OF DIRECTORS

(For corporate applicants only)

Resolution MUST be completed in applicant's full name, including DBA name(s), if applicable.

This is to certify that at a _____ meeting of the Board of Directors of _____
Regular or Special
_____, a corporation organized under the laws of the State
Applicant Name
of _____, held at the office of said corporation at _____ of
_____, City, Village, or Twp. County of _____, State of _____,
on the _____ day of _____, _____, the following resolution was duly and legally
presented and adopted by majority vote of the Board, to wit:

It being the desire and purpose of the Board of Directors of _____
 that this corporation should take steps to be licensed as a mortgage _____
 under the provisions of Act No. 173 of the Public Acts of 1987, as amended.

BE IT RESOLVED, that _____ as _____
_____ Name _____ Title
of this corporation, and in his / her official capacity be, and is hereby authorized and directed to prepare,
execute, verify, and present to the proper state authorities of the State of Michigan, and for and on behalf of
said _____, written application under the provision
_____ Applicant Name
of Act No. 173 of the Public Acts of 1987, as amended, authorizing the conducting of said business as a
mortgage _____ by this corporation and to do all acts and perform all necessary
_____ Broker, Lender and/or Servicer
legal requirements on behalf of said corporation to procure the same.

Authorized Signature	Title	Date

Certificate of Resolution

(For general partnership applicants only)

Resolution MUST be completed in applicant's full name, including DBA name(s), if applicable.

This is to certify that at a _____ meeting of the Partners of _____

Regular or Special

_____, **a general partnership organized under the laws of**

Applicant Name

the State of _____, held at the office of said general partnership at _____

City, Village, or Twp.

of _____, County of _____, State of _____,

on the _____ day of _____, _____, the following resolution was duly and legally

presented and adopted by majority vote of said Partners, to wit:

It being the desire and purpose of the Partners of _____
 that this general partnership should take steps to be licensed as a mortgage _____
 under the provisions of Act No. 173 of the Public Acts of 1987, as amended.

Applicant Name
 Broker, Lender and/or Servicer

BE IT RESOLVED, that _____ as _____
Name Title
of this general partnership, and in his / her official capacity be, and is hereby authorized and directed to
prepare, execute, verify, and present to the proper state authorities of the State of Michigan, and for and on
behalf of said _____, written application under the
Applicant Name
provisions of Act No. 173 of the Public Acts of 1987, as amended, authorizing the conducting of said
business as a mortgage _____ by this general partnership and to do all acts and
Broker, Lender and/or Servicer
perform all necessary legal requirements on behalf of said corporation to procure the same.

Authorized Signature	Title	Date
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Certificate of Resolution

CORPORATE BOARD OF DIRECTORS OF THE GENERAL PARTNER

(For limited partnership applicants only)

Resolution MUST be completed in applicant's full name, including DBA name(s), if applicable.

This is to certify that at a _____ meeting of the Board of Directors of _____
Regular or Special
 _____, a limited partnership organized under the laws of
Applicant Name
 the State of _____, held at the office of said limited partnership at _____
City, Village, or Twp.
 of _____, County of _____, State of _____,
 on the _____ day of _____, _____, the following resolution was duly and legally
 presented and adopted by majority vote of said Board, to wit:

It being the desire and purpose of the Board of Directors of _____
General Partner
 a general partner of _____ that this limited
Applicant Name
 partnership should take steps to engage in business under the provisions of Act No. 173 of the Public Acts
 of 1987, as amended.

BE IT RESOLVED, that _____ as _____
Name Title
 of this limited partnership, and in his / her official capacity be, and is hereby authorized and directed to
 prepare, execute, verify, and present to the proper state authorities of the State of Michigan, and for and on
 behalf of said _____, written application under the
Applicant Name
 provisions of Act No. 173 of the Public Acts of 1987, as amended, authorizing the conducting of said
 business as a mortgage _____ by this general partnership and to do all acts and
Broker, Lender and/or Servicer
 perform all necessary legal requirements on behalf of said corporation to procure the same.

Authorized Signature

Title

Date

Certificate of Resolution

(For limited liability company applicants only)

Resolution MUST be completed in applicant's full name, including DBA name(s), if applicable.

This is to certify that at a _____ meeting of the Members of _____
Regular or Special
 _____, a limited liability company organized under the
Applicant Name
 laws of the State of _____, held at the office of said limited liability company at _____
 _____, County of _____, State of _____,
City, Village, or Twp.
 on the _____ day of _____, _____, the following resolution was duly and legally
 presented and adopted by majority vote of the Members, to wit:

It being the desire and purpose of the Members of _____
Applicant Name
that this limited liability company should take steps to be licensed as a mortgage _____
Broker, Lender and/or Servicer
under the provisions of Act No. 173 of the Public Acts of 1987, as amended.

BE IT RESOLVED, that _____ as _____
of this limited liability company, and in his / her official capacity be, and is hereby authorized and directed
to prepare, execute, verify, and present to the proper state authorities of the State of Michigan, and for and
on behalf of said _____, written application under
the provisions of Act No. 173 of the Public Acts of 1987, as amended, authorizing the conducting of said
business as a mortgage _____ by this limited liability company and to do all acts
and perform all necessary legal requirements on behalf of said limited liability company to procure the
same.

Authorized Signature	Title	Date

PERSONAL DISCLOSURE STATEMENT

If the applicant is an individual, please complete the information below and on the next three pages for the individual. If the applicant is other than an individual, complete the information below and on the next three pages for all partners, members, officers, directors, shareholders and affiliates identified on Page 2 of this application.

Name	Principal Occupation, Employer
Business Street Address	
City / State / Zip Code	Business Telephone Number ()

BUSINESS AFFILIATIONS - List all firms, companies, corporations, or other business organizations of which you are at present a director, officer, employee, partner, owner, or affiliate.

Name and Location of Business	Type of Business	Position Held

PERSONAL DISCLOSURE STATEMENT

BUSINESS EXPERIENCE/EMPLOYMENT RECORD DURING THE PAST 10 YEARS:

This is to include details of all gaps in employment, such as attending school, any leaves of absence, unemployment, etc.

Date		Name and Location of Business	Type of Business	Position Held
From	To			

Section 3 of the Mortgage Brokers, Lenders, and Servicers Licensing Act requires the Commissioner to evaluate the Applicant's experience in the licensed area. Please describe below your experience in the mortgage broker, lender, and/or servicer industries. Attach additional pages as necessary.

[illegible]

PERSONAL DISCLOSURE STATEMENT

OTHER INFORMATION	YES	NO
Have you ever been adjudged as bankrupt or had to work out a compromise with your creditors? If yes, please detail on a separate page.		
Have you ever been convicted of, or pleaded no contest to, any civil or criminal offense involving dishonesty, fraud, or breach of trust? If yes, please detail on a separate page.		
Have you ever been subject to any adverse administrative action with respect to any professional license you hold or have held, including those involving any business or enterprise with which you have been associated as a partner, officer, director, shareholder (owning 5% or more of the outstanding voting stock), or affiliate? If yes, please detail on a separate page.		
Has any business or enterprise with which you are or were associated as a partner, officer, director, major shareholder (owning 5% or more of the outstanding voting stock), or affiliate ever been convicted of any criminal matter involving dishonesty, fraud, or breach of trust? If yes, please detail on a separate page.		
Have you ever been convicted of, or pleaded no contest to, any civil or criminal offense? If yes, please detail on a separate page.		

Certification

I hereby certify that the foregoing Personal Disclosure Statement is true and correct to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in denial of the application.

Authorized Signature	Title	Date

Please complete and submit the confidential background information consent form on the following page and return it ***under separate cover*** to the Division of Financial Institutions.

CONFIDENTIAL BACKGROUND INFORMATION CONSENT FORM

By signing this Consent, I understand and agree to the following:

The following information about me is necessary to assist the Division of Financial Institutions in evaluating the application of _____ (applicant). The information will be used to evaluate, among other things, my experience, character, business reputation, and general fitness, as legally required by section 3 of P. A. 173, Public Acts of 1987, as amended, the Mortgage Brokers, Lenders, and Servicers Licensing Act.

I understand that omissions or inaccuracies in completing the application may result in denial of the application. The Office may also conduct an independent investigation of me which may include, but not be limited to, contacting federal and state law enforcement agencies, other governmental agencies, and credit reporting agencies. If any information the Office receives indicates a violation of law, the information will be shared with any agency responsible for investigating or prosecuting the violation.

If information about me would warrant denial of the application, the Office will give the applicant, through the person designated for contact, notice of that fact, including a statement of the statutory and factual basis which would warrant denial and the applicant's rights in respect thereto.

Full Name (Please Print)	Home Telephone Number ()		
Residence Address (Including City, State, and Zip Code)	Date of Birth	Sex	Race
Driver's License Number	Social Security Number		
Other names by which I am now known or have used in the past.			
Other name(s) and social security number(s) under which income tax information is filed, if applicable.			

Authorized Signature	Date
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Please return this Consent form ***under separate cover*** to:

Department of Consumer & Industry Services
Division of Financial Institutions
Licensing and Enforcement
P. O. Box 30224
Lansing, MI 48909

Certificate of Agreement

(For general partnership applicants only)

It being the desire and purpose of all the general partners of _____
 that this general partnership should take steps to be licensed as a mortgage _____
 under the provision of Act No. 173 of the Public Acts of 1987, as amended.

Applicant Name

Broker, Lender and/or Servicer

IT IS HEREBY AGREED that _____, as
 _____ of this general partnership, in his/her official capacity,
 is hereby authorized and directed to prepare, execute, verify and present to the proper state authorities
 of the State of Michigan, and for and on behalf of said _____,
 written application for license under the provision of Act No. 173, Public Acts of 1987, as amended,
 authorizing the conducting of said business as a mortgage _____ by this
 general partnership and to do all acts and perform all necessary legal requirements on behalf of said general
 partnership to procure the same.

Name

Title

Applicant Name

Broker, Lender and/or Servicer

General Partner

Signature and Title

Date

General Partner

Signature and Title

Date

General Partner

Signature and Title

Date

Certificate of Agreement

(For limited partnership applicants only)

It being the desire and purpose of all the limited partners of _____
Applicant Name
 that this limited partnership should take steps to be licensed as a mortgage _____
Broker, Lender and/or Servicer
 under the provision of Act No. 173 of the Public Acts of 1987, as amended.

IT IS HEREBY AGREED that _____, as
Name
 _____ of this limited partnership, in his/her official capacity,
Title
 is hereby authorized and directed to prepare, execute, verify and present to the proper state authorities
 of the State of Michigan, and for and on behalf of said _____,
Applicant Name
 written application for license under the provision of Act No. 173, Public Acts of 1987, as amended,
 authorizing the conducting of said business as a mortgage _____ by this
Broker, Lender and/or Servicer
 limited partnership and to do all acts and perform all necessary legal requirements on behalf of said limited
 partnership to procure the same.

_____ Limited Partner	_____ Signature and Title	_____ Date
_____ Limited Partner	_____ Signature and Title	_____ Date
_____ Limited Partner	_____ Signature and Title	_____ Date